

Monroe County Early Intervention
PROGRAM REVIEW

Check one:

Eligible for EI because of ☐ DD **OR:** ☐ Qualifying Diagnosis

Child: _____ **DOB:** _____ **IFSP Date:** _____ **Review:** ☐ 6 ☐ 12 ☐ 18 ☐ 24 ☐ 30 ☐ 36 mos.

Describe child's current functioning in each of the domains. If no concerns, indicate emerging skills. If the same provider completes all, sign at the bottom

SOCIAL EMOTIONAL

☐ No apparent concerns Level of DELAY: (% or SD) _____

BASIS: ☐ Formal Evaluation ☐ Ongoing Assessment and Professional Judgment

☐ This domain completed by: Signature _____ Title: _____ Agency: _____ Date: _____

COGNITIVE

☐ No apparent concerns Level of DELAY: (% or SD) _____

BASIS: ☐ Formal Evaluation ☐ Ongoing Assessment and Professional Judgment

☐ This domain completed by: Signature _____ Title: _____ Agency: _____ Date: _____

COMMUNICATION

☐ No apparent concerns Level of DELAY: (% or SD) _____

BASIS: ☐ Formal Evaluation ☐ Ongoing Assessment and Professional Judgment

☐ This domain completed by: Signature _____ Title: _____ Agency: _____ Date: _____

PHYSICAL

☐ No apparent concerns Level of DELAY: (% or SD) _____

BASIS: ☐ Formal Evaluation ☐ Ongoing Assessment and Professional Judgment

☐ This domain completed by: Signature _____ Title: _____ Agency: _____ Date: _____

ADAPTIVE

☐ No apparent concerns Level of DELAY: (% or SD) _____

BASIS: ☐ Formal Evaluation ☐ Ongoing Assessment and Professional Judgment

☐ This domain completed by: Signature _____ Title: _____ Agency: _____ Date: _____

All domains completed by: Signature _____ Title: _____ Agency: _____ Date: _____